

## SD Board of Counselor Examiners

### DOCUMENTATION OF DISABILITY AND RELATED NEEDS

#### National Counselor Examination or National Clinical Mental Health Counseling Examination

If you are requesting special accommodations due to a disability, please complete and submit this form by the deadline indicated. The information requested below and any documentation regarding your disability and your need for accommodation(s) in testing will be considered strictly confidential.

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_ SD Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I have the following disability: \_\_\_\_\_

I need the following accommodation(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Verification by Third Party

If you have a disability that requires special accommodation(s) in testing, please have this section completed by the appropriate professional (learning specialist, doctor, psychologist, psychiatrist, etc.) to CERTIFY that your disabling condition requires the requested test accommodation(s).

I have known \_\_\_\_\_ since \_\_\_\_\_

This individual has the following disability: \_\_\_\_\_

Diagnosed by me with the following **tests or studies** on this **date**: \_\_\_\_\_

I recommend the following accommodation(s) be provided for this individual: \_\_\_\_\_

My Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Address: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_

Professional's Signature

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## **DISCLAIMER**

The Board has the right to determine fair and equitable accommodations for all examination candidates. The Board may require compensation from the candidate for expenses incurred to provide special examination accommodations. The Board will inform the candidate prior to the examination date of any expenses.

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**The Examination Candidate must return the completed original form no less than 30 days prior to the examination date in order to be eligible.**

**South Dakota Board of Counselor Examiners  
1116 S. Minnesota Avenue  
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Sioux Falls, SD 57101-1822  
605 / 331-2927**